STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
56900

2. Name of Corporation
SAVI International Corporation

3. Street Address Principal Business Office
425 East Main Road

City Middletown *State* RI *Zip* 02842

4. Business Phone No.
401-846-3555

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7096

7. Brief Description of the Character of Business Conducted in Rhode Island
lease and manage hotel/restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
Vincent Sandonato
Street Address
48 Ward Ave.
City Middletown *State* RI *Zip* 02842

Vice President Name
Umberto Sandonato
Street Address
48 Ward Ave.
City Middletown *State* RI *Zip* 02842

Secretary Name
Rita L. Mayo
Street Address
48 Ward Ave.
City Middletown *State* RI *Zip* 02842

Treasurer Name
Vincent Sandonato
Street Address
48 Ward Ave.
City Middletown *State* RI *Zip* 02842

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 SHS NO PAR VAL			1,000	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 6 9 0 0 *

File Date: 2/11/97

Check No.: 6362

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer *Date*

Vincent Sandonato
Print or Type Name of Officer

President
Title of Officer